

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34345

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 365

1. PLACE OF DEATH a. COUNTY <u>State Hospital</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calloway</u> <u>MO</u> c. LENGTH OF STAY (In this place) <u>12 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL</u> <u>NOL.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> <u>914 Lyons st</u> d. STREET ADDRESS (If rural, give location) <u>914 Lyon s St</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>L</u> c. (Last) <u>Hehmeyer</u>		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>29</u> (Year) <u>1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept-9-1880</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LaGrange Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>Marion</u>

13a. FATHER'S NAME <u>C. F. Hehmeyer</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Henning</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>
		ADDRESS <u>Fulton, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>35 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dialation of Heart</u> ANTECEDENT CAUSES <u>Fractured Hip. Sept-24th 1952</u> DUE TO (b) <u>Generalized Arterio Sclerosis.</u> DUE TO (c) <u>E9037</u> <u>20</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>10/11/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Slipped on Floor and fell/</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fulton</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Calloway Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept-24 52 A.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped on Floor and fell/</u>

22. I hereby certify that I attended the deceased from Sept 24, 1952, to Sept 29, 1952, that I last saw the deceased alive on Oct-29th, 1952, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. H. Lawrence</u>	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>10/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>
24d. LOCATION (City, town, or county) (State) <u>Calloway Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Schwarz</u>	ADDRESS <u>Hannibal, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 31, 1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01432

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4900

P. O. Address Honolulu, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.